

Case Number:	CM15-0044325		
Date Assigned:	03/16/2015	Date of Injury:	09/18/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 42 year old male injured worker suffered an industrial injury on 09/18/2013. The diagnoses included lumbar degenerative disc disease and lumbar herniated disc. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications, lumbar discectomy. On 2/19/2015 the treating provider reported ongoing back pain, left leg pain which had become severe that radiates from the low back to left posterior thigh to the lateral aspect of the lower leg. There is also swelling to the left knee with popping/clicking to the left knee and ankle. The treatment plan included new mattress.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

New mattress specifically an I series Hybrid Island Retreat by Serta King Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Mattress selection. ODG Knee & Leg (Acute & Chronic) Durable medical equipment (DME).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Serta mattresses. Official Disability Guidelines (ODG) state that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Durable medical equipment (DME) is defined as equipment, which is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of injury. Serta mattresses are not primarily and customarily used to serve a medical purpose, and generally is useful to a person in the absence of injury. Therefore, a Serta mattresses does not meet the ODG definition of durable medical equipment (DME). ODG guidelines do not support the medical necessity of a Serta mattress. Therefore, the request for Serta mattresses is not medically necessary.